

## WEST LINN POLICE VACATION HOUSE CHECK

*(minimum of 7 days and a maximum of 30 days)*

Resident's Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

Date Leaving: \_\_\_\_\_ \*Date Returning: \_\_\_\_\_

**\*If your departure/return dates or times change please call the office and let us know that you no longer require the vacation house check.**

Does the residence have an alarm system? ☐ Yes ☐ No

If yes, do you have an alarm permit with our department? ☐ Yes ☐ No

Will there be any animals left on the premises? ☐ Yes ☐ No

If yes, please describe the type and number of animals: \_\_\_\_\_

\_\_\_\_\_  
Name and phone number of person(s) responsible for their care: \_\_\_\_\_

Any lights left on? ☐ Yes ☐ No

If yes, will they be on timers? ☐ Yes ☐ No

Time On: \_\_\_\_\_ Time Off: \_\_\_\_\_ Location: \_\_\_\_\_

Vehicles left at residence:

License Plate: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Will someone have a key to the residence in your absence? ☐ Yes ☐ No

If yes, please list their name and phone number: \_\_\_\_\_

List any associated vehicles: \_\_\_\_\_

If there is no key holder, who can we contact in case of an emergency?

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Any other information you would like us to know about the residence: \_\_\_\_\_

### Mail or deliver this completed form to:

West Linn Police Department

1800 8<sup>th</sup> Avenue

West Linn, OR 97068

Phone: 503-655-6214

Fax: 503-656-0319

[wlpdrecords@westlinnoregon.gov](mailto:wlpdrecords@westlinnoregon.gov)